

Westlive Limited

Farthings Nursing Home

Inspection report

Wilson Square
Little Bispham
Thornton Cleveleys
Lancashire
FY5 1RF

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Tel: 01253864309

Website: www.farthingsnursinghome.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Farthings Nursing Home is registered to accommodate 60 people for nursing and personal care. It is a large purpose built building that provides passenger lift access to both floors. There are a number of lounge areas on each floor and dining rooms located on the ground and first floor. There are 58 single bedrooms and one double, the majority of which have en-suite facilities. There is a large parking area at the front of the property. At the time of our inspection visit there were 57 people who lived at the home.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and treated people with dignity and respect.

People who lived at the home and their visitors told us they were happy living at the home and felt safe in the care of staff supporting them. One person said, " I feel perfectly safe, the staff look after me."

People visiting the home told us staff were attentive, kind and caring towards their relatives. They said their relatives were getting the best care possible and staff went above and beyond their expectations with the care provided.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

The service had sufficient staffing levels in place to provide support people required. People told us staff were responsive and available when they needed them.

Medication procedures observed protected people from unsafe management of their medicines. Regular audits and medication risk assessments had been completed to ensure procedures were safe. Medicines were safely kept with appropriate arrangements for storing in place.

We saw there was an emphasis on promoting dignity, respect and independence for people who lived at the home. People told us staff treated them as individuals and delivered person centred care. Care plans seen confirmed the service promoted people's independence and involved them in decision making about their care.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

The design of the building and facilities provided were appropriate for the care and support provided.

The service had safe infection control procedures in place and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff knew people they supported and provided a personalised service in a caring and professional manner. Care plans were organised and had identified care and support people required. We found they were informative about care people had received.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We saw people who lived at the home had access to healthcare professionals and their healthcare needs had been met. Three visiting healthcare professionals spoke highly about the care provided by the registered manager and her staff. They told us staff listened and worked closely with them ensuring people received good healthcare.

People who lived at the home and their visitors told us they enjoyed a variety of activities which were organised for their entertainment. These included group sessions and one to one activities for people who chose to remain in their rooms or required nursing care. One person being nursed in bed told us how much they appreciated their one to one sessions with staff.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by them.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and relative meetings to seek their views about the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Farthings Nursing Home

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 17 October 2017 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

We spoke with a range of people about the service. They included seven people who lived at the home, three relatives and two people visiting their friends. We also spoke with three visiting healthcare professionals, the registered manager and nine staff members including two members of the nursing staff team. Prior to our inspection visit we contacted the commissioning department at Blackpool council, Blackpool Clinical Commissioning Group (CCG) and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection we observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of three people, staff training matrix, supervision records of four staff and arrangements for meal provision. We also looked at records relating to the management of the home and

the medication records of eight people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We asked people who lived at the home if they felt safe in the care of staff. Comments received included, "The staff really look after me and I feel safe in their care." And, "I feel very safe here. The staff are lovely with me." One person visiting their relative said, "What a marvellous place this is, the staff are unbelievably kind people. I worried so much about [relative] coming into care. I needn't have bothered. I know [relative] is 100% safe and in the best place possible. It's a joy to visit."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. One staff member said, "I understand my duty of care to report anything I may see that concerns me and wouldn't hesitate to do so."

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when delivering their support. These included moving and handling assessments, nutrition support, medical conditions, mobility, fire and environmental safety. We saw personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care. The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support people needed. Staff spoken with told us the registered manager had increased staffing levels when people's dependency levels had increased to ensure people received the care they needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed the registered manager and two nurses administering medication during the morning round. People were sensitively assisted as required and medicines were signed for after they had been administered.

We looked around the home and found it was clean, tidy and maintained. The service employed designated staff for cleaning of the premises who worked to cleaning schedules. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

Is the service effective?

Our findings

During our inspection visit we observed people received effective, safe and appropriate care which was meeting their needs and protected their rights. This was because they were supported by an established and trained staff team who had a good understanding of their needs. We spoke with staff members and looked at the service's training matrix. This confirmed training covered safeguarding, moving and handling, fire safety, first aid, pressure ulcer prevention and end of life care. Comments received from people who lived at the home included, "The staff who support me are well trained and competent." And, "I have complete faith in the staff providing my care."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

People cared for in bed had fluid and food charts in their room. These were up to date and provided a clear picture about how they had been supported with their nutrition and hydration needs. People who suffered swallowing difficulties and had been assessed by a dietary and nutritional specialist. Instructions about their nutritional care were on display in their bedrooms and had been followed by staff.

We observed lunch in the services two dining rooms. We saw people were given their preferred choice of meal and people with special dietary needs had these met. These included people who had their diabetes controlled through their diet and people who required a soft diet as they experienced swallowing difficulties. Food served looked nutritious and well presented. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed. The atmosphere throughout lunch was relaxed and unhurried with people being given sufficient time to enjoy their meal.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. Three visiting healthcare professionals told us care provided at the home was very good. They told us staff listened and worked closely with them ensuring people received good healthcare. One healthcare professional told us staff provided very good pressure care prevention management.

We looked around the building and found it was appropriate for the care and support provided. There are a number of lounge areas on each floor and dining rooms located on the ground and first floor. There are 58 single bedrooms and one double, the majority of which have en-suite facilities. There was a lift that serviced the second floor to ensure it could be accessed by people with mobility problems. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems. Doorways into communal areas, corridors, bedrooms, bathing and toilet facilities offered sufficient width to allow wheelchair users access. People had access to the grounds which were enclosed and safe for them to use.

Is the service caring?

Our findings

People who lived at the home told us they were happy and well cared for. Comments received included, "The staff are very caring and friendly. They share a joke with me which I enjoy." And, "I am getting the best care possible. I am glad my family found the home for me."

During our inspection visit we saw staff were caring and treated people with dignity. They were polite and attentive and quick to respond to people who required their assistance. Staff we spoke with knew and understood people's history, likes, dislikes, needs and wishes. They knew and responded to each person's diverse cultural and spiritual needs and treated people with respect and patience.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

We saw people cared for in bed had been provided with mattresses suitable for the relief of pressure and prevention of pressure sores. They looked comfortable and well cared for. Records completed by staff members described the daily support they had provided. We spoke with one person cared for in bed. They said, "I am very comfortable and well looked after."

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way and were kind, caring and patient when supporting people. One person we spoke with said, "The staff always treat me with dignity and are very respectful towards me. They always knock on my door and ask if they can come in."

Care plans seen confirmed the service promoted people's independence and involved them in decision making about their care. We saw people had signed their care plan confirming they had discussed their support needs and confirmed they agreed with care being provided. One person who lived at the home said, "They encourage me to do things for myself which I am very happy about. I want to be able to do things for myself as long as I can."

The service had information details for people and their families about advocacy services if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed. When we undertook this inspection visit one person was being supported by an advocate who ensured the person's best interests were being met.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. Three visiting healthcare professionals told us staff provided a good standard of support for people at end of life and ensured they were comfortable and well cared for.

Is the service responsive?

Our findings

People who lived at the home told us staff were responsive to their care needs and were available when they needed them. We observed staff members undertaking their duties and responding to requests for assistance in a timely manner. The people we spoke with said they were happy with their care and the attention they received from staff.

Care plans we looked at were reflective of people's needs and their support preferences. Areas covered included people's nutritional needs, mobility, support required with medicines, preferred activities and their communication and spiritual requirements. This ensured people received care that was provided with a person-centred approach. Staff spoken with were knowledgeable about the support people in their care required.

The service had a complaints procedure which was on display around the building for the attention of people who lived at the home and their visitors. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. People who lived at the home were aware of their rights to raise complaints and were aware of who was responsible for dealing with complaints. One person we spoke with said, "I have never had to make a complaint about anything. The night staff are just as good as the day staff."

The service had considered good practice guidelines when managing people's health needs. For example, we saw the service had written documentation to accompany people should they need to attend hospital. The documentation contained information providing clear direction as to how to support a person and include information about the person's communication and care needs, medical history and medication.

Is the service well-led?

Our findings

People who lived at the home told us they were happy with the way in which the home was managed. One person who lived at the home said, "The management and staff are great. It is a very nice place to live and the staff have very high standards."

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service had clear lines of responsibility and accountability. The registered manager was supported by a deputy manager, nursing staff and senior who undertook some management tasks including administering medication. The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well run and consistent service.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing the services medication procedures, pressure care, accidents/incidents, nutrition, infection control and maintenance of the building. Any issues identified had been passed to the relevant department head.

The registered manager chaired regular meetings with heads of departments and nominated carers discussing all aspects of the homes operations for the day. These included planned admissions/discharges to the home and any healthcare visits arranged for the day.

We looked at the minutes of a recent residents and relative meeting. We saw one relative had commented how happy they were with the activities being organised and wanted it documented they thought all staff were 'brilliant.'

We saw a sample of messages left by people who lived at home and relatives of people who had lived there commenting on the service provided. Comments included, 'Everyone does their best at keeping me comfortable. I love everyone here.' And, 'I would like to express my admiration and gratitude for the care given to [relative]. They came here with trepidation as they had stayed in other homes which didn't show them the warmth and affection shown here. Every single member of staff went beyond my wildest expectations. [Relative] was treated with respect and compassion. Angels do exist.'

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS

authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.